

## MOOD AND FEELINGS QUESTIONNAIRE

This form is about how you might have been feeling or acting recently.

For each question, please check how much you have felt or acted this way *in the past two weeks*.

If a sentence was true about you most of the time, check TRUE.

If it was only sometimes true, check SOMETIMES.

If a sentence was not true about you, check NOT TRUE.

	TRUE	SOME TIMES	NOT TRUE
1. I felt miserable or unhappy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I didn't enjoy anything at all . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was less hungry than usual . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I ate more than usual . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt so tired I just sat around and did nothing . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was moving and walking more slowly than usual . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was very restless . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt I was no good anymore . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I blamed myself for things that weren't my fault . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. It was hard for me to make up my mind . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I felt grumpy and cross with my parents . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I felt like talking less than usual . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was talking more slowly than usual . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I cried a lot . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	TRUE	SOME TIMES	NOT TRUE
15. I thought there was nothing good for me in the future . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I thought that life wasn't worth living . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I thought about death and dying . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I thought my family would be better off without me . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I thought about killing myself . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I didn't want to see my friends . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I found it hard to think properly or concentrate . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I thought bad things would happen to me . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I hated myself . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I felt I was a bad person . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I thought I looked ugly . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I worried about aches and pains . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I felt lonely . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I thought nobody really loved me . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I didn't have any fun at school . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I thought I could never be as good as other kids . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I did everything wrong . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I didn't sleep as well as I usually sleep . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I slept a lot more than usual . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>